

NURSING PHYSICAL ASSESSMENT - Continued

(check ALL that apply and note abnormalities in "comments")

PAIN ASSESSMENT

(If answer to either question below is "yes," please complete Pain Assessment, refer to medical physician and include in treatment plan).

Do you have pain now? ☐ Yes ☒ No

Have you had pain in the past two months? ☐ Yes ☒ No

Comments:

IMMUNIZATIONS CURRENT FOR:

(adolescents & children only)

☐ D/T/P

☐ M/M/R

☐ Oral Polio

☐ Hepatitis

ENVIRONMENTAL FACTORS (check if apply)

MEDICAL EQUIPMENT:

☒ None

☐ Cane

☐ Nebulizer

☐ Walker

☐ Crutches

☐ O₂

SENSORY HANDICAPS:

☒ None

☐ Glasses

☐ Dentures

☐ Hearing Aid

☐ Contacts

PATIENT OWNED EQUIPMENT BROUGHT TO HOSPITAL:

☒ N/A

IDENTIFY EQUIPMENT NEEDED:

☒ N/A

SELF CARE CONSIDERATIONS (check if apply)

Needs help with ADLs? ☐ Yes ☒ No

☐ Toileting

☐ Bathing

☐ Feeding

☐ Dressing

☐ Walking

Explain:

EDUCATIONAL NEEDS (check if apply)

How does the patient learn best?

☐ Audio/Visual

☐ Written Documentation

☒ Demonstration

☐ Other: _____

Are there any barriers to learning? ☒ Yes ☐ No

If, yes, Describe:

Slow learner

FUNCTIONAL ASSESSMENT/REHABILITATION SCREENING CRITERIA

☒ Patient has no rehabilitation needs at this time.

Patient's description of functional ability prior to admission:

☐ Bedbound

☐ Wheelchair

☐ Moves only from bed to chair

☐ Ambulates only within house

☐ Frequent falls or fall within last month

☐ Requires mobility aid:

☐ Crutch

☐ Walker

☐ Cane

☐ Uses brace, splint, or prosthesis



TIMBERLAWN
MENTAL HEALTH SYSTEMSM
INTEGRATED ASSESSMENT

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F ID

NURSING PHYSICAL ASSESSMENT - Continued

(check ALL that apply and note abnormalities in "comments")

Patient has:	Amputation	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Stroke	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Hip Knee Replacement	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Orthopedic Procedure	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Brain Injury	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Polyarthritis	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Spinal Cord Injury	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Neuro Disorder (ie., MS)	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	
	Fracture	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	

Refer if patient has any of the above diagnoses or functional deficits:

- ☐ Physical therapy for functional, mobility, ambulation
- ☐ OT for ADL, specific upper extremity deficit

Refer to speech therapy if any below are checked:

- ☐ Communication problems as a result of above diagnosis
- ☐ Cognitive problems as a result of above diagnosis
- ☐ Chewing, swallowing, choking difficulty with speech

FALL RISK ASSESSMENT (If score 15 or >, it must be addressed on problem lists & placed on fall precautions)

PARAMETERS:	RISK POINTS	SCORE
A. Recent Hx of Syncope/Seizure Disorder	15	15
B. Recent Hx of Falls	15	15
C. Unstable Gait Balance	15	15
D. Use of Orthopedic Devices (Walker, Cane, Crutches)	10	10
E. Sedation/Psychotropic Meds.	10	10
F. Intoxicated - Drug or Alcohol Withdrawal	10	10
G. Postural Hypotension	10	10
H. Poor Eyesight/Hearing (Impairment/Sensory Deficit)	5	5
I. Age 65 or older	5	5
FINAL RISK ASSESSMENT		20

Nicotine Usage ☒ Yes ☐ No

Describe:

☐ I do not smoke tobacco.

If this box is checked go to next section.

☒ I smoke tobacco and I am not interested in the smoking cessation information.

If this box is checked go to next section.

☐ I smoke tobacco and would like help with smoking cessation while at Timberlawn.

☐ Patient request made known to Physician.

Caffeine Usage ☒ Yes ☐ No

Describe:

Coke

Communicable Diseases: ☒ None ☐ Current ☐ Past ☐ Treated

Describe:

Last dental check-up: *2 yrs ago* Dentist: _____

Are you being treated by a physician? ☐ Yes ☒ No If yes, who?

Reason:

Are there religious/cultural practices that may alter care or education? ☐ Yes ☒ No

Describe:

NURSING PHYSICAL ASSESSMENT - Continued

(check ALL that apply and note abnormalities in "comments")

SECLUSION AND RESTRAINT ASSESSMENT TOOL

1. Has the patient ever experienced seclusion and/or restraint before? ☐ Yes ☒ No When? _____
2. According to the patient, what things help the patient to regain control if he/she ever becomes extremely agitated or violent or loses control? Need to be alone, take Xanax
3. According to the family, what things help the patient to regain control if he/she ever becomes extremely agitated or violent or loses control? N/A
4. Does the patient have any medical conditions or physical disabilities that would place the patient at greater risk during seclusion and/or restraints? ☒ Yes ☐ No

☐ Hypertension

☐ History of MI or Cardiac Disease

☐ History of CVA

☐ Paralysis: _____

☐ Presently Pregnant

☒ Presently Detoxifying from Drugs or Alcohol

☐ Arthritis

☐ Osteomyelitis

☐ Any type of Existing Bone Fracture

☐ Physical Disability: _____

☐ Other Bone or Joint Disease: _____

☐ Other: _____
5. Does the patient have a history of physical or sexual abuse that would place the patient at greater psychological risk during S. & R?

☒ Yes ☐ No

☒ Sexual Abuse History ☒ Physical Abuse History explain: 7 yrs old stepfather beat my men / raped

ASSESSMENT FOR SEXUAL ACTING OUT POTENTIAL

Check all that apply:

- ☒ Currently sexually active? With whom: boy friend
- ☐ Incurred consequences as a result of sexual behavior.* Describe: no
- ☐ Sexual perpetration or victimizing behaviors.*

(Child/Adolescent) Sexually abused siblings? no Others? _____
- ☐ Sexual promiscuity or hypersexual behaviors.*

☐ Exposing behaviors.*
- ☐ Sexual aggression towards others*

☐ Public masturbation ☐ Self-exposure

* If indicator is checked, patient will be placed on SAO for the duration of hospitalization, and a treatment plan for sexual acting out behavior is initiated.



TIMBERLAWN
MENTAL HEALTH SYSTEMSM
INTEGRATED ASSESSMENT

CLOUD, MANDEE
M# 000119639 12/04/1975
A# 01347260018 09/12/2007
MEDICARE C/Y
DR. FONTAINE
F ID

NURSING PHYSICAL ASSESSMENT – Continued

(check ALL that apply and note abnormalities in "comments")

DISCHARGE PLANNING

YES NO

☐ ☒ Do you anticipate changes in your living situation after discharge?

☐ ☐ Do you have family, friends or others to help you at home?

Who is the person you rely on for assistance with your care at home?

Name and phone number:

Medra Caldwell (mom) 972-704-5802
☐ ☐ Do you have someone to take you to the doctor or clinic after discharge?

PATIENT/FAMILY EDUCATIONAL NEEDS

☒ Stress Management☒ Assertiveness☒ Understanding Treatment☒ Drugs/Nutrition☒ Medication☒ Potential Food/Drug Interactions☐ How to Obtain Further Treatment Options☐ Other:☒ Leisure Skills☐ Physical Problems☒ Potential Drug/Drug Interaction☐ Managing Separation/Loss☒ Understanding Diagnosis☐ Self Care/Relaxation☒ Drugs/Alcohol*Further direct 2 mos. drug issues*

DISCHARGE GOALS:

Pt. will verbalize a decrease in depression & no further thoughts of self harm; will be clean & sober by discharge

RN Signature:

[Signature]

Date/Time:

9/12/07

Date: 9-13-07

Time: 1:05 PM

Current Issues/Medication Changes/Response to Treatment:

PT seen 1:1 - Chart review
deleting all of alcohol, meth crack
& marijuana
Previous dx of Bipolar II

Mental Status Examination:

AxOxy
mod "depressed"
Yesterday I had suicidal thoughts

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Homicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Describe Plan:

SA/Vhal

Justification for Continued Stay (required to complete):

Sabb
stabilized

Change in Principal Diagnosis?

Yes No Circle one. If yes, describe justification:

Discharge Planning:

Estimated Length of Stay:

5-14 days

Physician Signature:

Colv



TIMBERLAWN
 MENTAL HEALTH SYSTEM SM

PHYSICIAN PROGRESS NOTE

Patient identification

CLOUD, MANDEE
 M# 000119639 12/04/1975
 A# 01347260018 09/12/2007
 MEDICARE C/Y
 DR. FONTAINE

F ID

Date: 9-14-07

Time: 12:45 pm

Current Issues/Medication Changes/Response to Treatment:

Pt seen 1:1. chf roomed slept okay then
 been on multiple meds
 as need stabilizers ... doesn't work
 Serenid, trileptal, tegretol, Geodon
 or Lithium. says got "psycho on abusers"
 discuss possibility of continuing
 new antipsychotic ... she liked that idea
 Pt has been on risperidone in the past
 She says it calms her down

Mental Status Examination:

A & O x4
 mood "irritated"
 mania consistent affect

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Homicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Describe Plan:

hopeful to help her ...
 Justification for Continued Stay (required to complete):
 safe
 stable

Change in Principal Diagnosis? Yes ☒ No ☐ Circle one. If yes, describe justification:

Discharge Planning:

Estimated Length of Stay: 4-13 days

Physician Signature: [Signature]



TIMBERLAWN
 MENTAL HEALTH SYSTEM SM

PHYSICIAN PROGRESS NOTE

Patient identification

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F ID

Date: 11.15.07

Time: 11:00

Current Issues/Medication Changes/Response to Treatment:

At this time, gain weight she attributes
to ovaries (few months post
hysterectomy) -

Signs of ~~delirium~~ previously noted
catatonic mood

Mental Status Examination:

Risk Assessment: Suicide: ☐ Thoughts ☐ Plans ☐ Intent ☒ Denies
Homicide: ☐ Thoughts ☐ Plans ☐ Intent ☒ Denies
Describe Plan: _____

Justification for Continued Stay (required to complete):

Delusional

Change in Principal Diagnosis? Yes ☒ No Circle one. If yes, describe justification:

Discharge Planning:

meds

Estimated Length of Stay: 4-7 days

Physician Signature: _____

Patient identification



TIMBERLAWN
MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

CLOUD, MANDEE
M# 000119639 12/04/1975
A# 01347260018 09/12/2007
MEDICARE C/Y
DR. FONTAINE F IDL

Date: 9-16-07Time: 11:00A

Current Issues/Medication Changes/Response to Treatment:

pt seen 1:1. chut recovery
 Didn't sleep well lot of craving
 vomit flashes
 kept walk up
 feels very disorganized
 hyper
 addy Wallestone for Alcohol craving
 Adderall XL 10 mg for ADHD
 ↓ Lexapro - may be worse mood swing
 increase nortriptyline for anxiety / mood swing

Mental Status Examination:

Alert
 mood " irritable ...
 hyperactive agitation LEFT leg bounding up & down

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans☐ Intent☒ DeniesHomicide: ☐ Thoughts ☐ Plans☐ Intent☒ Denies

Describe Plan: _____

Justification for Continued Stay (required to complete):

safe
 still
 detox / cravings

Change in Principal Diagnosis?

Yes

No

Circle one. If yes, describe justification:

Discharge Planning:

to outpatient

Estimated Length of Stay:

Physician Signature: [Signature]

TIMBERLAWN
 MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

Patient identification

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F IDI

Date:

9/17/07

Time:

2:00 PM

Current Issues/Medication Changes/Response to Treatment:

PT seen 1:1 about rumm
 no alcohol cravings right now... Yesterday
 (was having alcohol cravings bad...
 before the Naltrexone)
 noticed the adderall helps her feel
 calmer - she thinks her dose might
 work better...
 sleep is better 8 hours straight
 still has rain thoughts

Mental Status Examination:

APOXY...
 mood "depression is still there... about the
 same... about the same as when admitted"

Risk Assessment:

Suicide: ☒ Thoughts ☐ Plans☐ Intent☐ DeniesHomicide: ☐ Thoughts ☐ Plans☐ Intent☒ Denies

Describe Plan:

Justification for Continued Stay (required to complete):

sally
 shirley

I don't want to die... I don't want to be
 like this... I don't
 want to live like
 this... hopeless
 helpless...

Change in Principal Diagnosis?

Yes
 No

Circle one. If yes, describe justification:

add ADD
 add Bipolar

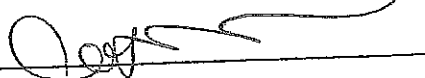
Discharge Planning:

to outpt

Estimated Length of Stay:

6 days

Physician Signature:



Patient identification

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F ID



TIMBERLAWN
 MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

Date: 9-18-07

Time: 1220 p

Current Issues/Medication Changes/Response to Treatment:

pt seen 1st. chit her
 still has unreactive mood
 overall still depressed but feels
 much calmer.
 Soldier also makes her
 feel calmer
 antidepressants haven't helped much
 in past. will try desipramine after dx
 stays awake 30 minute
 has sex very rough at night still

Still having
 crying
 on
 9/18/07

Mental Status Examination:

Ax 4
 mood "depressed."
 tends to be monotone; a little slow & vol
 k & makes reticent

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans
 Homicide: ☐ Thoughts ☐ Plans
 Describe Plan: _____

☐ Intent ☒ Denies
☐ Intent ☒ Denies

Not bowing
 her leg
 today

Justification for Continued Stay (required to complete):

Safe
 stable

Change in Principal Diagnosis? Yes ☒ No ☐ Circle one. If yes, describe justification:

Discharge Planning:

to outpt

Estimated Length of Stay:

15 days if she needs it
 to stabilize

Physician Signature:

[Signature]

Patient identification

CLOUD, MANDEE
 M# 000119639 12/04/1975
 A# 01347260018 09/12/2007
 MEDICARE C/Y
 DR. FONTAINE F ID



TIMBERLAWN
 MENTAL HEALTH SYSTEMSM

Date: 9-19-07

Time: 3:00

Current Issues/Medication Changes/Response to Treatment:

ham strong urges to drink
more racing thoughts
felt terrible
took longer than 30 minutes to
fall asleep - today craving
an hallucination

Mental Status Examination:

A&O x4
moor okay

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans
Homicide: ☐ Thoughts ☐ Plans
Describe Plan: _____

☐ Intent ☐ Denies
☐ Intent ☐ Denies

Justification for Continued Stay (required to complete):

Sally
OK

Change in Principal Diagnosis? Yes (No) Circle one. If yes, describe justification:

Discharge Planning:

Estimated Length of Stay:

Physician Signature: OK



TIMBERLAWN
MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

Patient identification

CLOUD, MANDEE
M# 000119639 12/04/1975
A# 01347260018 09/12/2007
MEDICARE C/Y
DR. FONTAINE

F IDL

Date:

9-20-07

Time:

1:25

Current Issues/Medication Changes/Response to Treatment:

Prn ser 1:1. chrt review

meds are good

SO my seraput too strong

slept good

will ↓ dose of prn

↑ H5 to stabilize mood

Children wish - age 15/12/10

15 & 12 yo want her to get more treatment

"stay here as long as she can... then go somewhere else" "conc. is pretty good"

Mental Status Examination:

A + O x 4

Mood

"It's okay" still up & down

not as constricted.

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans☐ Intent☒ DeniesHomicide: ☐ Thoughts ☐ Plans☐ Intent☒ Denies

Describe Plan:

Justification for Continued Stay (required to complete):

safety

stability

Change in Principal Diagnosis?

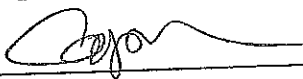
Yes ☒ No Circle one. If yes, describe justification:

Discharge Planning:

to CD 108 or possibly residential

Estimated Length of Stay:

Physician Signature:



Patient identification

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F IDJ

**TIMBERLAWN**
MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

Date: 9/21/07Time: 1250pm

Current Issues/Medication Changes/Response to Treatment:

Pt seem 1:1 - chat revery
 No sedation from neuromatin
 Wills to increase it from 900 tid to same &
 added 600 mg dose at 5 pm "Hats when
 all my meds seem to wear off
 Says several sedates her too much
 Didn't sleep well last night - will ↑ Serenol
 from 150 → 200. Suggest we consider continue
 to increase it.. told pt..
 Feels attention & concentration is much better

Mental Status Examination:

A & O x4
 mood "He pretty good" Depressed
 with impaired but still very anxious - c/o clenching
 her jaw - feels tense

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans☐ Intent☒ DeniesHomicide: ☐ Thoughts ☐ Plans☐ Intent☒ Denies

Describe Plan: _____

Justification for Continued Stay (required to complete):

Safe
 stable
 family therapy

Change in Principal Diagnosis? Yes ☐ No ☒ Circle one. If yes, describe justification:

Discharge Planning:

to CD 108 for possible
 residential

Estimated Length of Stay:

11 days

Physician Signature: _____



TIMBERLAWN
 MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

Patient identification

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F ID

Date: 9/22/07

Time: _____

Current Issues/Medication Changes/Response to Treatment:

Pt. reports of med sle^s.
 of adverse events per staff or records.

Pt. c/o severe anxiety for of apparent
 reason. Admittable to drug changes.

Plans of alteration in regimen,

Mental Status Examination:

A+Gx3, cooperative, of AVH, anxious

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans☐ Intent☒ DeniesHomicide: ☐ Thoughts ☐ Plans☐ Intent☒ Denies

Describe Plan: _____

Justification for Continued Stay (required to complete):

Safety
 Stabilization

Change in Principal Diagnosis?

Yes

☒ No

Circle one. If yes, describe justification:

Discharge Planning:

Outpt

Estimated Length of Stay:

Physician Signature: [Signature]

TIMBERLAWN
 MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

Patient Identification

C CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F ID

Date: 9/23/07

Time: _____

Current Issues/Medication Changes/Response to Treatment:

Pt. reports of med side's.
of adverse events per staff or records.

Anxiety improved.

Plan: of alterations to regimen

Mental Status Examination:

Ax3, cooperative, OAVH, less anxious

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Homicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Describe Plan: _____

Justification for Continued Stay (required to complete):

Safety
Stabilization

Change in Principal Diagnosis? Yes ☒ No Circle one. If yes, describe justification:

Discharge Planning:

Outpt

Estimated Length of Stay: _____

Physician Signature: _____



TIMBERLAWN
MENTAL HEALTH SYSTEM_{SM}

PHYSICIAN PROGRESS NOTE

Pt.

(CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F ID

Time:

Says (Genoa) was caught to
 "see lights... hallucinate..."
 only happened once, has returned
 it since.. has been taking Lithium

I was ~~snappy~~ over the WE
some cranked for a loah

A & Q Ky.
more " up & down " :
n rule for now

☐ Intent

Denies

Homicide: ☐ Thoughts ☐ Plans

☐ Intent

☒ Denies

Describe Plan:

saps
sunt

Yes

No

Circle one.

If yes, describe justification:

Discharge Planning: for output CD10P

Estimated Length of Stay: 4-5 days

Physician Signature: CE



TIMBERLAWN

MENTAL HEALTH SYSTEM SM

PHYSICIAN PROGRESS NOTE

Patient identification

CLOUD, MANDEE

M# 000119639 12/04/1975

A# 01347260018 09/12/2007

MEDICARE C/Y

DR. FONTAINE

F IDL.

Date:

9/25/07

Time:

4:05 PM

Current Issues/Medication Changes/Response to Treatment:

PT seen 1:1. Distressed
 PT says fam is okay & Disch
 as long as she attends CD-10P
 & comes back at 1st sign of relapse
 Upset b/c of socially inappropriate
 the roommates said
 denies craving

Mental Status Examination:

family has been visiting every week
 correlation good. sleep - well last night
 A/Ox
 mod to veg. emotional
 no rate for now goal directed

Risk Assessment:

Suicide: ☐ Thoughts ☐ Plans☐ Intent☒ DeniesHomicide: ☐ Thoughts ☐ Plans☐ Intent☒ Denies

Describe Plan:

Justification for Continued Stay (required to complete):

Sch
 Sch

Change in Principal Diagnosis?

Yes

No

Circle one. If yes, describe justification:

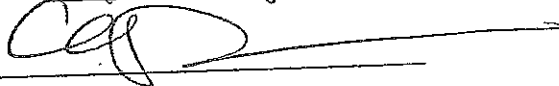
Discharge Planning:

I have my own apt that has
 an apt with my Mommy - Dr. Bennett

Estimated Length of Stay:

d/c today to CD-10P

Physician Signature:




TIMBERLAWN
 MENTAL HEALTH SYSTEMSM

PHYSICIAN PROGRESS NOTE

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 A# 01347260018 09/12/2007
 MEDICARE C/Y
 DR. FONTAINE

F IDL

TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date &
Time

9/12/07	NS9		314/10 WW & admitted voluntarily to Dist Diagnosis; alert well oriented c Hx of Substance abuse; recent hysterectomy depressed & tearful on arrival; oriented to unit; NKA
2100	NS9		Dr Kelt notified of pt's request for Klonopin; Mod tremors; States has been drinking alcohol & using Crack; very anxious & restless; placed on detox protocol - of which
1/12/07	NS9	All	Anxious, restless, irritable - Serax given per detox protocol and effective. Stop cont. to monitor safety per protocol. Edison

MULTIDISCIPLINARY PROGRESS NOTES

AT - Activity Therapy
M.D. - Physician
SW - Social Work
NSG - Nursing

EXT - Extern
PSY - Psychologist
SAC - Sub. Abuse
Counselor
OTH - Other, please
identify discipline

ADDRESSOGRAPH

CLOUD, MANDEE
M# 000119639 12/04/1975
A# 01347260018 09/12/2007
MEDICARE C/Y
DR. FONTAINE F ID

7/13/07

NSC

 $\frac{1}{2}$

That effect, depressed mood, inappropriate boundaries, interacts with to select pair, need complement, staff will continue to monitor of 15 men for safety

7/13/07
A330

109

du

4 let affect, depressed, no self
harm or aggressive behaviors observed.
Irritable and easily agitated at times.
Interacts c select peers. Monitored
for safety per detox and unit
protocols. L. D. Son, L

AT - Activity Therapy
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OTH - Other, please
identify discipline

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MEDICARE C/Y
DR. FONTAINE F ID

TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

[illegible]

MULTIDISCIPLINARY PROGRESS NOTES

AT - Activity Therapy
M.D. - Physician
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Counselor
OTH - Other, please
identify discipline

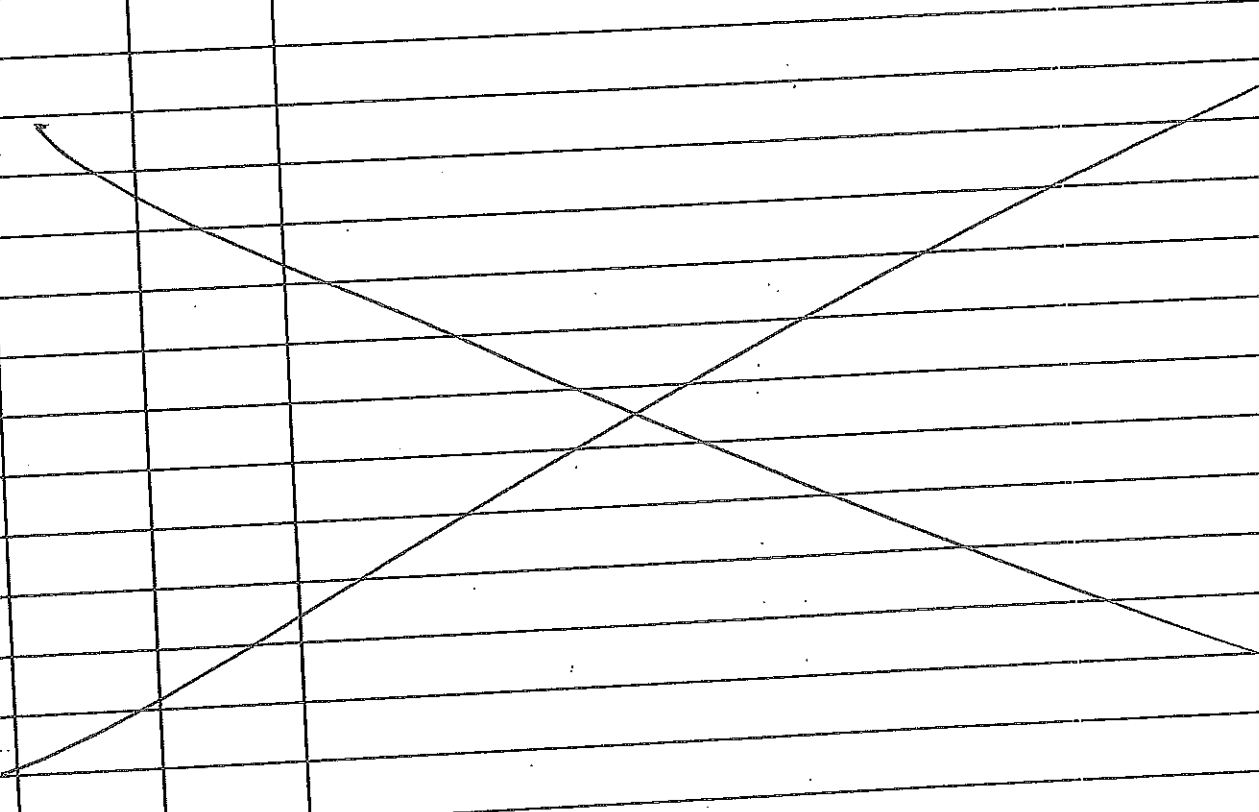
ADDRESSOGRAPH

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A# 01347260018 09/12/2007
MEDICARE C/Y
DR. FONTAINE F ID

F ID

TIMBERLAWN MENTAL HEALTH SYSTEMSM

MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number	MULTIDISCIPLINARY PROGRESS NOTES
9/15/07 1200	NSG		<p>after flat mood depressed with somatic complaints of 110 bpm regular PRP mildness. No self harming behavior or aggressive behavior. Remains on Q2 detox protocol. Will continue to monitor closely. (Mood Rx)</p>
9-15-07 2000	NSG		<p>meds as ordered. flat affect. & self harm. Cont. to monitor pt. closely per detox protocol of Q2 hour vs. and monitor closely for safety J. S. L. M.</p>
			

ADDRESSOGRAPH

MULTIDISCIPLINARY PROGRESS NOTES

AT - Activity Therapy
M.D. - Physician
SW - Social Work
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EXT - Extern
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Counselor
OTH - Other, please
identify discipline

ADDRESSOGRAPH

CLOUD, MANDEE
M# 000119639 12/04/1975
A# 01347260018 09/12/2007
MEDICARE C/Y
DR. FONTAINE F ID

F ID

TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

[illegible]

MULTIDISCIPLINARY PROGRESS NOTES

AT - Activity Therapy
M.D. - Physician
SW - Social Work
NSG - Nursing

EXT - Extern
PSY - Psychologist
SAC - Sub. Abuse
Counselor
OTH - Other, please
identify discipline

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TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number	MULTIDISCIPLINARY PROGRESS NOTES
7-17	NSG	AM	Safety per protocol. Medications as ordered and daily groups. Pt C/O "Cravings" this am. Risperidone 2mg given as ordered. Pt interacts w select peers. No self-harm or aggressive behavior. — Chadler RN
7/17/07	NSG	AM	Flat affect, quiet, cooperative. C care, compliant w meds. Voices no somatic C/O. Monitored for safety per detox and unit protocols. [Signature]

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Date & Time	Discipline	Problem Number	MULTIDISCIPLINARY PROGRESS NOTES
7/19/07 1030	NS6	All	Safety per protocol medication as ordered and daily groups. Pt admits to depression this morning. Domestic issues. No self harming or aggressive behavior. Attends most groups. <u>Chad Lloyd</u>
7/19/07 2305	NS9	All	Flat affect, more depressed, withdrawn. Preoccupied this pm. Denies SI/A/VH when asked. Cooperative & care. Compliant & meds. Social & select pers. <u>Robert</u>

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TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number
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Time	Discipline	Number	Notes
9:20	NSG	All	Safety per protocol. Medications as ordered and daily groups. PT
11:30			has a flat affect, stated she still felt a little sedated from the pm. serquel. from last night. Monitor for changes in mood/behavior. Chadler
12/07/2025	NSG	All	Affect flat, quiet. Interacts c select peers. No somatic c voiced. Cooperative c care. Compliant c meds. Safety monitored per protocol. No aggression or self harm behaviors observed. <i>Adrian L</i>

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TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number	MULTIDISCIPLINARY PROGRESS NOTES
9/21/07 13:00	NSG		Awake; alert; oriented x3; medication of group compliant; pt on CO per protocol; flat affect; quiet; interacts c select peers; cooperative c care; denies SI/HI; will continue to monitor per protocol — Sel and
11/21/07 19:55	NSG	ALL	Anxious, irritable, ↑ agitation, labile mood, flat affect, tearful at times. Reports upset she has to stay in the hospital longer. Medicated c PRN Sequal 12.5mg x2 c good results reported. Safety monitored per protocols. — Edson, L

MULTIDISCIPLINARY PROGRESS NOTES

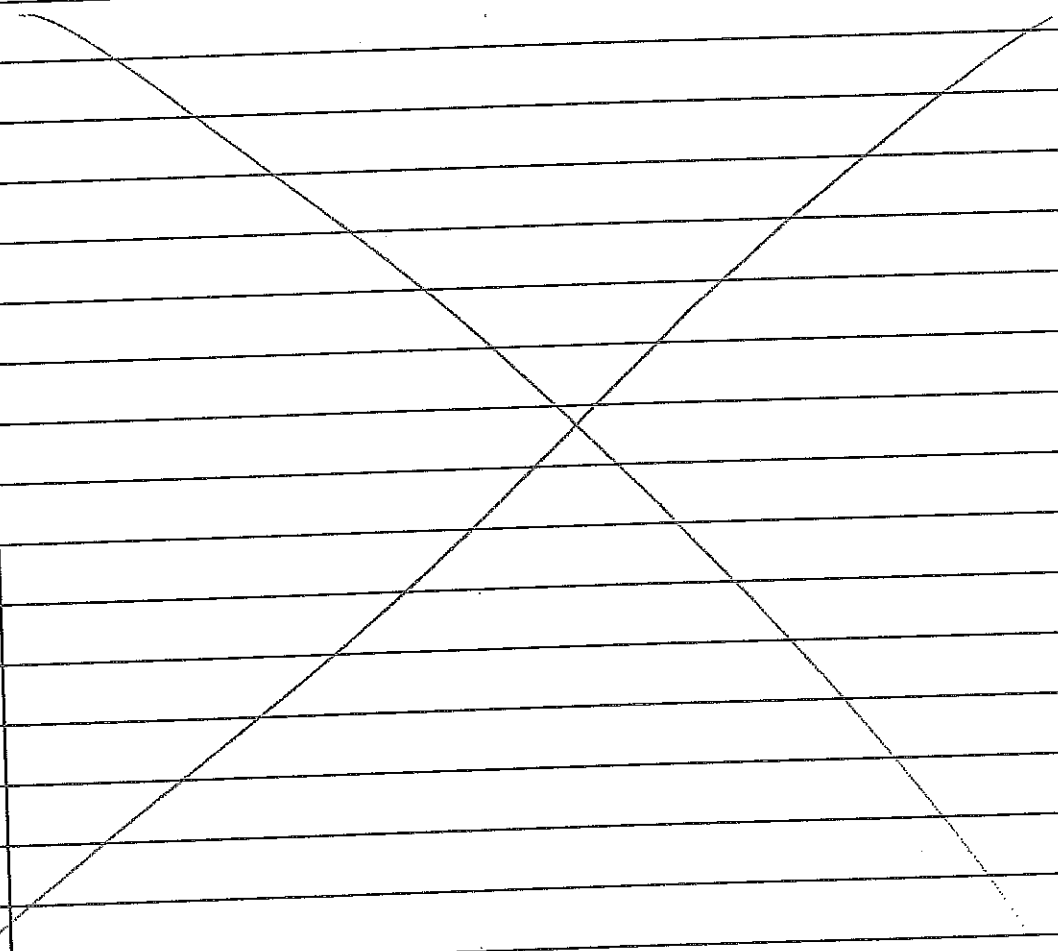
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TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number	MULTIDISCIPLINARY PROGRESS NOTES
12/22/01 1320	NSF	12	affect of mold depressed. appropriate socialized to gear staff notes. Cooperative and compliant with multidisciplinary end unit structure. Remains on close observation. Will continue to monitor. ————— Jay Rhoads MD
12-22-01 1900	NSG		Flt affect. VS-WNL. & self harm. Cooperative - staff. Cont. to monitor for safety. ————— Dr. W. L. W.
			

MULTIDISCIPLINARY PROGRESS NOTES

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PT alert cooperative. Denied SI, HI.
Compliant w/ meds + inst rule. Attended
+ participated in group. Cont CO for
safety. ————— Andrew

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TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number	
9/24/07 11:00	NSG	All	Flat Affect no aggressive or self harming behavior. Depressed mood. Med and Unit Rule compliant. Cont CO for safety. States she doesn't feel very good today - PRR given for diarrhea. RRR in
9/24/07 19:16	NSG	All	Flat affect, depressed - no somatic. C/O voided thus far this shift. Compliant c/ meds, cooperative c/ care. Safety monitored per unit protocols. RRR in

MULTIDISCIPLINARY PROGRESS NOTES

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NSG - Nursing	OTH - Other, please identify discipline

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TIMBERLAWN MENTAL HEALTH SYSTEMSM
MULTIDISCIPLINARY PROGRESS NOTES

F ID

TIMBERLAWN MENTAL HEALTH SYSTEM SM
MULTIDISCIPLINARY PROGRESS NOTES

Date & Time	Discipline	Problem Number	MULTIDISCIPLINARY PROGRESS NOTES
9/25 10:30	NSG	1-3	Safety per protocol medication as ordered and daily groups. Pt appears anxious and depressed Hx am. D. Amatic complaints. Reduced cravings reported. Cholesterol
9/25/07 NSG 1815			Discharged home call personal belongings p discharge instructions given. M. Allison

MULTIDISCIPLINARY PROGRESS NOTES

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ADDRESSOGRAPH

cloud, mardere

FOCUS OF PATIENT WORK:

ACTIVE PRESENTATION:

PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

- ☐ Affect Modulation
- ☐ Impulse Control
- ☐ Suicide Prevention
- ☐ Stress Management
- ☐ Reality Testing
- ☐ Confrontation
- ☐ Processing Feelings
- ☒ Education
- ☒ Relapse Prevention
- ☐ Cognitive Therapy
- ☐ Discharge Planning

<u>✓</u> Flat	___ Blunted
___ Bright	___ Labile
___ Angry	<u>✓</u> Euphoric
___ Depressed	___ Lethargic
___ Anxious	___ Incongruent

☒ Sharing ☒ Supportive
☐ Intrusive ☐ Resistive
☐ Drowsy ☒ Attentive
Attempts to Monopolize

___ Self Harm Impulse	___ Suicidality
___ Angry Outburst	___ Worthlessness
___ Hopelessness	___ Paranoid
___ Hostility/Irritability	___ Threats
___ Poor Hygiene	___ Agitated
___ Hypersomnolent	___ Tremors
___ Homicidal Ideation	___ Tearful
___ Victimization	___ Insomnia
___ Peer/Family Conflict	___ Sexual Acting Out

COGNITIVE PRESENTATION:

___ Tangential ___ Disoriented
 ___ Delusional ___ Distorted Thinking
 ___ Hallucinations A/V ___ Loose Associations

_____ Illogical
☒ Congruent

Discharge Planning

Problem Number: I Progress: Toward Tx plan: Patient able to participate in AA support group - step 1.

Signature: _____

Scott M. Jent, LA

Type of Group Addiction Time: 1:30-3pm Duration 1hr 30min Facilitator S. Martin

FOCUS OF PATIENT WORK:

ACTIVE PRESENTATION:

PARTICIPATION:

REPORTED/OBSERVED SYMPTOMS:

- ☐ Affect Modulation
- ☐ Impulse Control
- ☐ Suicide Prevention
- ☐ Stress Management
- ☐ Reality Testing
- ☐ Confrontation
- ☐ Processing Feelings
- ☒ Education
- ☒ Relapse Prevention
- ☐ Cognitive Therapy
- ☐ Discharge Planning

<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Blunted
<input type="checkbox"/> Bright	<input type="checkbox"/> Labile
<input type="checkbox"/> Angry	<input type="checkbox"/> Euphoric
<input type="checkbox"/> Depressed	<input type="checkbox"/> Lethargic
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COGNITIVE PRESENTATION:

___ Tangential ___ Disoriented
___ Delusional ___ Distorted Thinking
___ Hallucinations A/V ___ Loose Associations

☐ Illogical
☒ Congruent

<input type="checkbox"/> Victimization	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Peer/Family Conflict	<input type="checkbox"/> Sexual Acting Out

Problem Number: I Progress Toward Tx plan: Patient able to process and view video on medical consequences of addiction.

Signature: _____

Scott Matton LPC



TIMBERLAWN

MENTAL HEALTH SYSTEM

GROUP NOTES

CLOUD, MANDEE
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MEDICARE C/Y
DR. FONTAINE

GROUP NOTES

Patient Name: Mandee Cloud Type of Group: Process + Discharge Planning Date: 9-17-07
 Time: 10-10³⁰ + 11-12 Duration: 1 hr. 50 min. Facilitator: J. Epperson

FOCUS OF PATIENT WORK:

- ☐ Affect Modulation
☐ Impulse Control
☐ Suicide Prevention
☐ Stress Management
☒ Reality Testing
☐ Confrontation
☒ Processing Feelings
☐ Education
☐ Relapse Prevention
☐ Cognitive Therapy
☒ Discharge Planning

ACTIVE PRESENTATION:

- ☒ Flat ☐ Blunted
☐ Bright ☐ Labile
☐ Angry ☐ Euphoric
☐ Depressed ☐ Lethargic
☐ Anxious ☐ Incongruent

PARTICIPATION:

- ☐ Sharing ☐ Supportive
☐ Intrusive ☐ Resistive
☐ Drowsy ☒ Attentive
☐ Attempts to Monopolize

REPORTED/OBSERVED SYMPTOMS:

- ☐ Self Harm Impulse ☐ Suicidality
☐ Angry Outburst ☐ Worthlessness
☐ Hopelessness ☐ Paranoid
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☐ Homicidal Ideation ☐ Tearful
☐ Victimization ☐ Insomnia
☐ Peer/Family Conflict ☐ Sexual Acting Out

COGNITIVE PRESENTATION:

- ☐ Tangential ☐ Disoriented
☐ Delusional ☐ Distorted Thinking
☐ Hallucinations A/V ☐ Loose Associations

Problem Number: _____ Progress Toward Tx plan: Pt. did attend, did not share, states could not go up front and share her story w/ group, asked to pass.

Signature: Johannie Epperson

 Type of Group Disease Concepts Time: 1³⁰ 3^{pm} Duration 1 1/2 hrs Facilitator Ken. S.

FOCUS OF PATIENT WORK:

- ☐ Affect Modulation
☐ Impulse Control
☐ Suicide Prevention
☐ Stress Management
☐ Reality Testing
☐ Confrontation
☒ Processing Feelings
☒ Education
☒ Relapse Prevention
☐ Cognitive Therapy
☐ Discharge Planning

ACTIVE PRESENTATION:

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☐ Bright ☐ Labile
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- ☐ Tangential ☐ Disoriented
☐ Delusional ☐ Distorted Thinking
☐ Hallucinations A/V ☐ Loose Associations

Problem Number: _____ Progress Toward Tx plan: DNA

Signature: Ken S.

TIMBERLAWN
 MENTAL HEALTH SYSTEM, INC.
 GROUP NOTES

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